

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034442

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1383
FILED SEP 24 1962

VS 300
Rev. 4/59

10397

8397

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99049

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124-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GREENE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD | | c. CITY OR TOWN SPRINGFIELD | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSP. | | d. STREET ADDRESS (If outside, give location) 1702 Madeline Terrace | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First HERBERT Middle M. Last ROBERTSON | | 4. DATE OF DEATH Month SEPT. Day 11 Year 1962 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-22-1882 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICAL ENGINEER | | 10b. KIND OF BUSINESS OR INDUSTRY RETIRED | 9. AGE (last birthday) 79 |
| 11. BIRTHPLACE (City and state or country) NEBRASKA | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME J.E. ROBERTSON | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | |
| 14. NAME OF HUSBAND OR WIFE HELEN ROBERTSON | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. No | | 17. INFORMANT (Son) Address JAMES L. ROBERTSON EDMOND, OKLA. | |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Hr. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent hip surgery (8/20/62) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Month, Day, Year 9/11/62 | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION SPRINGFIELD MO | |
| 21. I attended the deceased from 9/11/62 to 9-11-62 and last saw her/him alive on 9-11-62 Death occurred at 1:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED 9/13/62 | |
| 22a. SIGNATURE (Degree or title) Andrew Hahn M.D. | | 22b. ADDRESS Springfield Mo | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 9-14-62 | 23c. NAME OF CEMETERY OR CREMATORY LOCAL | 23d. LOCATION (City, town, or county) (State) TECUMSEH, NEBRASKA |
| 24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. SPRINGFIELD, MO. | | 25. DATE RECD. BY LOCAL REG. 9-17-62 | |
| 26. REGISTRAR'S SIGNATURE Effie S. Melton | | | |

JC

(Licensed Embalmer's Statement on Reverse Side)

ANDREW HAHN.
USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John Klunzinger Jr.

Licensed Embalmer No. 5102

P. O. Address

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit 9-11-62

Medical Consultant
Bureau of Vital Statistics
Missouri Division of Health
Jefferson City, Missouri

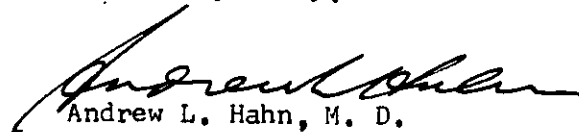
Dear Dr. Russell:

I have your inquiry regarding the basic etiology of the pulmonary embolism in the case of Herbert M. Robertson who died at St. John's Hospital, Springfield, Missouri, on September 11, 1962.

It is reasonable to assume and highly probable that the pulmonary embolism was ultimately due to the hip surgery, with complicating asymptomatic phlebothrombosis. His pulmonary embolism occurred on the first day that he had borne full weight on the operated leg.

I was called to see this gentleman after he had suddenly gone into shock with severe tachycardia and hypertension, and he died an hour or so later. I had never seen him prior to this time. The surgery was done by Dr. James Jameson, of this city.

Yours very truly,



Andrew L. Hahn, M. D.

ALH:mr

